

TOWN OF EAST LONGMEADOW  
SIGN PERMIT APPLICATION

Date: \_\_\_\_\_

Company Name and Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Nearest Intersection \_\_\_\_\_

Sq. Ft. Area of Proposed Sign(s) \_\_\_\_\_ Double or Single Faced \_\_\_\_\_

Free Standing: Yes \_\_\_ No\_\_\_ Attached to Building: Yes \_\_\_ No\_\_\_

If free standing: Height above ground level: \_\_\_\_\_

Projection, if any \_\_\_\_\_ (must comply with Zoning By-law 5.8)

If attached to building: Does the sign project over pedestrian or vehicular way? \_\_\_\_\_ how much \_\_\_\_\_

Setback from property line: \_\_\_\_\_ feet Distance to nearest side yard line: \_\_\_\_\_ feet

Distance to top of sign above vertical wall \_\_\_\_\_ feet Illuminated \_\_\_\_\_ non-illuminated \_\_\_\_\_

Is proposed sign: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ If temporary, No. of days \_\_\_\_\_

**ATTACH TWO COLOR RENDERINGS TO SCALE OF THE PROPOSED SIGN INDICATING THE COLOR, SIZE AND LOCATION AT WHICH SAID SIGN WILL BE ERECTED**

Total number of existing signs: \_\_\_\_\_ Total Square Feet of existing signs: \_\_\_\_\_

Total number of proposed and existing signs: \_\_\_\_\_

Total square feet of Proposed and existing signs: \_\_\_\_\_

Applicant: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Estimated Cost of sign: \$ \_\_\_\_\_

WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. C. 152, §25c. (6))

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit attached: Yes ☐ No ☐

This is to certify that a permit is hereby granted to erect the above-detailed sign at the above location

\_\_\_\_\_  
Building Commissioner

\_\_\_\_\_  
Date Issued

**THIS APPLICATION MUST BE COMPLETED ACCURATELY AND FULLY IN ORDER TO BE CONSIDERED FOR APPROVAL BY THE PLANNING BOARD**